

## Youth Education Coordinating Form I

Programs not using state/local funds or services

**Section I** (To be completed by Provider prior to meeting with School District Superintendent or Designee)

Name of Program/Center	Current Date
Address of Program/Center	Phone

**Type of License Being Sought** (Check Appropriate)

- ☐ Child Placement
- ☐ Day Treatment Center
- ☐ Residential Treatment Center
- ☐ Outdoor Youth Program

**Reason for Application Submission**

- ☐ Initial Licensing
- ☐ Annual Renewal
- ☐ Change of Center/Program Address/Location
- ☐ Change of Program/Center Capacity
- ☐ Change of Program/Type of Population Service

**Description of Population to be Served** (Check Appropriate Descriptor(s))

- ☐ Youth in Custody
- ☐ Adjudicated (Foster, Etc.)
- ☐ Homeless
- ☐ Private
- ☐ Mental Health Foster Home/Therapeutic Foster Home
- ☐ Other \_\_\_\_\_

Projected Number of Children and Youth to be Serviced in Program \_\_\_\_\_

Age Range of Population \_\_\_\_\_

Composition of Population (Indicate projected number for each descriptor)

- ☐ Males
- ☐ Females

Notification of Licensure was received by this office on \_\_\_\_\_. The school district will not be providing any funds or services to the above named program or treatment center.

Signature of Superintendent (or designee)	District	Date
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## Youth Education Coordinating Form II

Programs using state/local funds and/or placing youth in the local school district system

**Section I** (To be completed by Provider prior to meeting with School District Superintendent or Designee)

Name of Program/Center	Current Date
Address of Program/Center	Phone

**Type of License Being Sought** (Check Appropriate)

- ☐ Child Placement
- ☐ Day Treatment Center
- ☐ Residential Treatment Center
- ☐ Outdoor Youth Program

**Reason for Application Submission**

- ☐ Initial Licensing
- ☐ Annual Renewal
- ☐ Change of Center/Program Address/Location
- ☐ Change of Program/Center Capacity
- ☐ Change of Program/Type of Population Served

**Description of Population to be Served** (Check Appropriate Descriptor(s))

- ☐ Youth in Custody
- ☐ Adjudicated (Foster, etc.)
- ☐ Homeless
- ☐ Private
- ☐ Mental Health Foster Home/Therapeutic Foster Home
- ☐ Other \_\_\_\_\_

Projected Number of Children and Youth to be Served in Program \_\_\_\_\_

Age Range of Population \_\_\_\_\_

**Composition of Population** (Indicate projected number of each descriptor)

- ☐ Males
- ☐ Females
- ☐ Utah Residents
- ☐ Out-of-State Residents\*
- ☐ Local District Residents
- ☐ Special Education Students
- ☐ Other Special Needs Population (Briefly Describe)

**Description of Custodial Status of Population** (Indicate projected number for each descriptor)

- ☐ In Custody of State Agency (youth in Custody-Social Services)
- ☐ In Custody of Parents who are Residents Of Utah
- ☐ In Custody of Parents who are Out-of-State Residents\*
- ☐ In Custody of Out-of-State Public Agency\*

\*Educational Costs Associated

Description of Individual/Agency Placing Population (Indicate projected number for each descriptor)

- \_\_\_ Children/Youths placed by Parent/Guardian who is Resident of Utah
- \_\_\_ Children/Youths placed by Parent/Guardian who is Out-of-State Resident\*
- \_\_\_ Children/Youths placed by Utah State Agency (Social Services, Mental Health, etc.)
- \_\_\_ Children/Youths placed by local Utah Public Agency (school district, local mental health, etc.)
- \_\_\_ Children/Youths placed by Out-of-State Public Agency\*
- \_\_\_ Children/Youths placed by Parent/Guardian who is Resident of this School District
- \_\_\_ Other (describe) \_\_\_\_\_
- \_\_\_ \*Educational Costs Associated

**Description of Treatment Center Program** (Include information as to program offerings, outpatient or inpatient or combination, length of stay, general description, etc.)

**Description of Educational Program(s) to be provided by Treatment Center and/or Local School District and/or with State Funds.**

Is the educational program to be provided by treatment center accredited by the Utah State Office of education?

- \_\_\_ Yes\*
- \_\_\_ No
- \_\_\_ In Process\*

\*Attach documentation to this Form for review by school district staff

**Section II** (To be completed in meeting with School District Superintendent or Designee.  
Completed and Signed Document to be attached to Licensure Application)

**Based on information supplied by License Applicant, Indicate the School District Responsibility Educational Program/Services.** (Check **ALL** that apply)

Refer to accompanying documents for specific information on district responsibilities for each of the categories indicated below. (Summary of District Educational Responsibility for Regular and Special Education Students in Treatment Centers and Chart of District Educational Responsibility for Regular Education and Special Education Students in Treatment Centers.)

- \_\_\_\_\_ The applicant is seeking licensure as a PRIVATE TREATMENT PROGRAM/CENTER WITHOUT A REGULARLY ORGANIZED EDUCATION PROGRAM.
- \_\_\_\_\_ The applicant is seeking licensure as a PUBLIC AGENCY OPERATED PROGRAM/CENTER WITHOUT A REGULAR ORGANIZED EDUCATION PROGRAM.

**Description of Educational Services to be provided by School District** (indicate what educational services are to be provided and indicate where the services will be provided, i.e., in a district school or in the treatment center, combination of locations, etc.)

- \_\_\_\_\_ Educational services (including appropriate special education and related services in keeping with responsibilities outline above) will be provided in appropriate school locations in the district.
- \_\_\_\_\_ Educational services (including special education and related services, i.e. Youth in Custody) using state and/or district funds.
- \_\_\_\_\_ Educational services are provided at the program site by district personnel.
- \_\_\_\_\_ Educational services (including appropriate special education and related services in keeping with responsibilities outlined above) will be determined on an individual student basis in meetings with representatives from school district and treatment center/program staff and others as appropriate.
- \_\_\_\_\_ Other \_\_\_\_\_

Upon verification of application for licensure of this treatment program/center, the School District will provide educational services in keeping with the information so indicated during the meeting held on the date reflected below and contained in this document and consistent with the Utah State Office of Education rules regarding students in hospital/treatment center settings. Youth Education Coordinating Form II will be reviewed and completed each time the applicant for licensure re-applies for licensure under the conditions contained below:

- ! Initial licensure
- ! Annual renewal
- ! Change of Facility address/location
- ! Change of population
- ! Change of capacity

This document will be considered null and void in the event of any changes reflected in the list above and/or upon expiration of the treatment program/center's annual license. A new Youth Education Coordinating Form and process must be initiated and completed at least annually or to reflect any change in program/center status.

The completion and signing of this Youth Education Coordinating Form does not endorse, support, or oppose licensure of the above named center.

Signature of Superintendent (or designee)	District	Date
Signature of Treatment Center Representative	Position	Date

## Youth Education Coordinating Form III

### Inadequate Service Plan

*If the local school board finds the educational service plan and the educational funding plan to be inadequate, then the board shall provide the private provider with a letter of disapproval, together with the specific requirements the human services program must meet before licensure is granted. (62A-2-108.1(4)).*

A conditional license may be granted if the private provider is making a good faith effort in cooperation with the school district to address the specific requirements as outlined in the letter.

The \_\_\_\_\_ School District finds the program plan of  
(Name of Private Provider) to be inadequate for the following reasons:

In order to provide services the private program must:

Signature of Superintendent (or designee)	District	Date
Signature of Treatment Center Representative	Position	Date